



Revised Report

Police Crash Report

Page 1 of 4

CRASH

Crash Date **10/26/2017** Day of Week **Thursday** MILITARY Time (24 hr clock) **06:21** GPS Lat. **3 8** GPS Long. **0 0 - 7 7** County of Crash **ARLINGTON COUNTY** Official DMV Use **1:19000**
 City of Town of **City or Town Name** **Landmarks at Scene** **172995103**
 Location of Crash (route/street) **OLD DOMINION DR** Railroad Crossing ID no. (if within 150 ft.) **Local Case Number** **2017-10260040**
 At Intersection With or **150.** Miles Feet **N S E W** Location of Crash (route/street) **Mile Marker Number** **Number of Vehicles** **2**
✓ of **N WAKEFIELD ST**

VEHICLE # 1

DRIVER
 Driver's Name (Last, First, Middle) **BERNHARDT, DAVID, LONGLY**
 Address (Street and Number)

Driver Fleed Scene

Gender

VEHICLE # 2

DRIVER
 Driver's Name (Last, First, Middle) **PENA, ROBERT, JOSEPH**
 Address (Street and Number)

Driver Fleed Scene

Gender

VEHICLE

Vehicle Owner's Name (Last, First, Middle)

Same as Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle)

Same as Driver

Speed Before Crash	Speed Limit	Maximum Safe Speed	Under 8	0	8-17	0	18-21	0	Over 21	0	ALL Passengers	Age Count
35	35	35									30	35

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)	EMS Transport	Date of Death	Name of Injured (Last, First, Middle)	EMS Transport	Date of Death								
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender	Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender
Name of Injured (Last, First, Middle)							Name of Injured (Last, First, Middle)						
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender	Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender
Name of Injured (Last, First, Middle)							Name of Injured (Last, First, Middle)						
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender	Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender

Codes

POSITION IN/ON VEHICLE

8	1. Driver
	2-6. Passengers
	7. Cargo Area
1 2 3	8. Riding/Hanging
8 4 5 6 8	On Outside
7	9-98. All Other Passengers
8	

SAFETY EQUIPMENT USED

1. Lap Belt Only	1. Deployed – Front
2. Shoulder Belt Only	2. Not Deployed
3. Lap and Shoulder Belt	3. Unavailable/Not Applicable
4. Child Restraint	4. Keyed Off
5. Helmet	5. Unknown
6. Other	6. Deployed – Side
7. Booster Seat	7. Deployed – Other (Knee, Air Belt, etc.)
8. No Restraint Used	8. Deployed – Combination
9. Not Applicable	

AIRBAG

1. Deployed – Front
2. Not Deployed
3. Unavailable/Not Applicable

EJECTED FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Totally Ejected

INJURY TYPE

1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury
5. No Injury (driver only)

SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

Investigating Officer

Badge/Code Number

Agency/Department Name and Code

Reviewing Officer

Report File Date

K AMES

1613

ACPD

David Cleness

10/26/2017



Revised Report

CRASH

Crash Date: 10/26/2017MILITARY Time (24 hr clock): 06:21

County of Crash:

ARLINGTON COUNTY

DRIVER INFORMATION

Veh 1 Veh 2

Veh 1 Veh 2

Driver's Action P1

- 1. No Improper Action
- 2. Exceeded Speed Limit
- 3. Exceeded Safe Speed But Not Speed Limit
- 4. Overtaking On Hill
- 5. Overtaking On Curve
- 6. Overtaking at Intersection
- 7. Improper Passing of School Bus
- 8. Cutting In
- 9. Other Improper Passing
- 10. Wrong Side of Road – Not Overtaking
- 11. Did Not Have Right-of-Way
- 12. Following Too Close
- 13. Fail to Signal or Improper Signal
- 14. Improper Turn – Wide Right Turn
- 15. Improper Turn – Cut Corner on Left Turn
- 16. Improper Turn From Wrong Lane
- 17. Other Improper Turn
- 18. Improper Backing
- 19. Improper Start From Parked Position
- 20. Disregarded Officer or Flagger
- 21. Disregarded Traffic Signal
- 22. Disregarded Stop or Yield Sign
- 23. Driver Distraction
- 24. Fail to Stop at Through Highway – No Sign
- 25. Drive Through Work Zone
- 26. Fail to Set Out Flares or Flags
- 27. Fail to Dim Headlights
- 28. Driving Without Lights
- 29. Improper Parking Location
- 30. Avoiding Pedestrian
- 31. Avoiding Other Vehicle
- 32. Avoiding Animal
- 33. Crowded Off Highway
- 34. Hit and Run
- 35. Car Ran Away – No Driver
- 36. Blinded by Headlights
- 37. Other
- 38. Avoiding Object in Roadway
- 39. Eluding Police
- 40. Fail to Maintain Proper Control
- 41. Improper Passing
- 42. Improper or Unsafe Lane Change
- 43. Over Correction

Condition of Driver Contributing to the Crash P2

- 1. No Defects
- 2. Eyesight Defective
- 3. Hearing Defective
- 4. Other Body Defects
- 5. Illness
- 6. Fatigued
- 7. Apparently Asleep
- 8. Other
- 9. Unknown

Driver Vision Obscured P3

- 1. Not Obscured
- 2. Rain, Snow, etc. on Windshield
- 3. Windshield Otherwise Obscured
- 4. Vision Obscured by Load on Vehicle
- 5. Trees, Crops, etc.
- 6. Building
- 7. Embankment
- 8. Sign or Signboard
- 9. Hillcrest
- 10. Parked Vehicle(s)
- 11. Moving Vehicle(s)
- 12. Sun or Headlight Glare
- 13. Other
- 14. Blind Spot
- 15. Smoke/Dust
- 16. Stopped Vehicle(s)

Type of Driver Distractions P4

- 1. Looking at Roadside Incident
- 2. Driver Fatigue
- 3. Looking at Scenery
- 4. Passenger(s)
- 5. Radio/CD, etc.
- 6. CellPhone
- 7. Eyes Not on Road
- 8. Daydreaming
- 9. Eating/Drinking
- 10. Adjusting Vehicle Controls
- 11. Other
- 12. Navigation Device
- 13. Texting
- 14. No Driver Distraction

Drinking P5

- 1. Had Not Been Drinking
- 2. Drinking – Obviously Drunk
- 3. Drinking – Ability Impaired
- 4. Drinking – Ability Not Impaired
- 5. Drinking – Not Known Whether Impaired
- 6. Unknown

Method of Alcohol Determination (by police) P6

- 1. Blood
- 2. Breath
- 3. Refused
- 4. No Test

Drug Use P7

- 1. Yes
- 2. No
- 3. Unknown

VEHICLE INFORMATION

Veh 1 Veh 2

Vehicle Maneuver V1

- 1. Going Straight Ahead
- 2. Making Right Turn
- 3. Making Left Turn
- 4. Making U-Turn
- 5. Slowing or Stopping
- 6. Merging Into Traffic Lane
- 7. Starting From Parked Position
- 8. Stopped in Traffic Lane
- 9. Ran Off Road – Right
- 10. Ran Off Road – Left
- 11. Parked
- 12. Backing
- 13. Passing
- 14. Changing Lanes
- 15. Other
- 16. Entering Street From Parking Lot

Skidding Tire/Mark V2

- 1. Before Application of Brakes
- 2. After Application of Brakes
- 3. Before and After Application of Brakes
- 4. No Visible Skid Mark/Tire Mark

Vehicle Body Type V3

- 1. Passenger car
- 2. Truck – Pick-up/Passenger Truck
- 3. Van
- 4. Truck – Single Unit Truck (2-Axes)
- 5. Motor Home, Recreational Vehicle
- 6. Special Vehicle – Oversized Vehicle/Earthmover/Road Equipment
- 7. Bicycle
- 8. Moped
- 9. Motorcycle
- 10. Emergency Vehicle (Regardless of Vehicle Type)
- 11. Bus – School Bus
- 12. Bus – City Transit Bus/Privately Owned Church Bus
- 13. Bus – Commercial Bus
- 14. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.)
- 15. Special Vehicle – Farm Machinery
- 16. Special Vehicle – ATV
- 17. Special Vehicle – Low-Speed Vehicle
- 18. Truck – Sport Utility Vehicle (SUV)
- 19. Truck – Single Unit Truck (3 Axles or More)
- 20. Truck – Truck Tractor (Bobtail-No Trailer)

Vehicle Damage V4

- 1. Unknown
- 2. No damage
- 3. Overturned
- 4. Motor
- 5. Undercarriage
- 6. Totaled
- 7. Fire
- 8. Other

Vehicle Condition V5

- 1. No Defects
- 2. Lights Defective
- 3. Brakes Defective
- 4. Steering Defective
- 5. Puncture/Blowout
- 6. Worn or Slick Tires
- 7. Motor Trouble
- 8. Chains In Use
- 9. Other
- 10. Vehicle Altered
- 11. Mirrors Defective
- 12. Power Train Defective
- 13. Suspension Defective
- 14. Windows/Windshield Defective
- 15. Wipers Defective
- 16. Wheels Defective
- 17. Exhaust System

Special Function Motor Vehicle V6

- 1. No Special Function
- 2. Taxi
- 3. School Bus (Public or Private)
- 4. Transit Bus
- 5. Intercity Bus
- 6. Charter Bus
- 7. Other Bus
- 8. Military
- 9. Police
- 10. Ambulance
- 11. Fire Truck
- 12. Tow Truck
- 13. Maintenance
- 14. Unknown
- 15. TNC

EMV in service V7

- 1. Yes
- 2. No

Truck Cover V8

- 1. Yes
- 2. No



Revised Report

CRASH

Crash Date 10/26/2017 MILITARY Time (24 hr clock) 06:21 County of Crash ARLINGTON COUNTY City of Town of _____ Local Case Number 2017-10260040

CRASH INFORMATION

Location of First Harmful Event in Relation to Roadway C1	Traffic Control Type C5	Roadway Description C9	Intersection Type C12
<input checked="" type="checkbox"/> 1. On Roadway <input type="checkbox"/> 2. Shoulder <input type="checkbox"/> 3. Median <input type="checkbox"/> 4. Roadside <input type="checkbox"/> 5. Gore <input type="checkbox"/> 6. Separator <input type="checkbox"/> 7. In Parking Lane or Zone <input type="checkbox"/> 8. Off Roadway, Location Unknown <input type="checkbox"/> 9. Outside Right-of-Way	<input checked="" type="checkbox"/> 1. No Traffic Control <input type="checkbox"/> 2. Officer or Flagger <input type="checkbox"/> 3. Traffic Signal <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> 5. Slow or Warning Sign <input type="checkbox"/> 6. Traffic Lanes Marked <input type="checkbox"/> 7. No Passing Lines <input type="checkbox"/> 8. Yield Sign <input type="checkbox"/> 9. One Way Road or Street <input type="checkbox"/> 10. Railroad Crossing With Markings and Signs <input type="checkbox"/> 11. Railroad Crossing With Signals <input type="checkbox"/> 12. Railroad Crossing With Gate and Signals <input type="checkbox"/> 13. Other <input type="checkbox"/> 14. Pedestrian Crosswalk <input type="checkbox"/> 15. Reduced Speed – School Zone <input type="checkbox"/> 16. Reduced Speed – Work Zone <input type="checkbox"/> 17. Highway Safety Corridor	<input checked="" type="checkbox"/> 1. Two-Way, Not Divided <input type="checkbox"/> 2. Two-Way, Divided, Unprotected Median <input type="checkbox"/> 3. Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 4. One-Way, Not Divided <input type="checkbox"/> 5. Unknown	<input type="checkbox"/> 1. Not at Intersection <input type="checkbox"/> 2. Two Approaches <input type="checkbox"/> 3. Three Approaches <input checked="" type="checkbox"/> 4. Four Approaches <input type="checkbox"/> 5. Five-Point, or more <input type="checkbox"/> 6. Roundabout
Weather Condition C2	Roadway Defects C10	Work Zone C13	
<input checked="" type="checkbox"/> 1. No Adverse Condition (Clear/Cloudy) <input type="checkbox"/> 2. Fog <input type="checkbox"/> 3. Mist <input type="checkbox"/> 4. Rain <input type="checkbox"/> 5. Snow <input type="checkbox"/> 6. Sleet/Hail <input type="checkbox"/> 7. Smoke/Dust <input type="checkbox"/> 8. Other <input type="checkbox"/> 9. Blowing Sand, Soil, Dirt, or Snow <input type="checkbox"/> 10. Severe Crosswinds	<input checked="" type="checkbox"/> 1. No Defects <input type="checkbox"/> 2. Holes, Ruts, Bumps <input type="checkbox"/> 3. Soft or Low Shoulder <input type="checkbox"/> 4. Under Repair <input type="checkbox"/> 5. Loose Material <input type="checkbox"/> 6. Restricted Width <input type="checkbox"/> 7. Slick Pavement <input type="checkbox"/> 8. Roadway Obstructed <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Edge Pavement Drop Off	<input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Light Conditions C3	Roadway Alignment C6	Work Zone Workers Present C14	
<input checked="" type="checkbox"/> 1. Dawn <input type="checkbox"/> 2. Daylight <input type="checkbox"/> 3. Dusk <input checked="" type="checkbox"/> 4. Darkness –Road Lighted <input type="checkbox"/> 5. Darkness –Road Not Lighted <input type="checkbox"/> 6. Darkness –Unknown Road Lighting <input type="checkbox"/> 7. Unknown	<input checked="" type="checkbox"/> 1. Straight – Level <input type="checkbox"/> 2. Curve – Level <input type="checkbox"/> 3. Grade – Straight <input type="checkbox"/> 4. Grade – Curve <input type="checkbox"/> 5. Hillcrest – Straight <input type="checkbox"/> 6. Hillcrest – Curve <input type="checkbox"/> 7. Dip – Straight <input type="checkbox"/> 8. Dip – Curve <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. On/Off Ramp	<input type="checkbox"/> 1. With Law Enforcement <input type="checkbox"/> 2. With No Law Enforcement <input type="checkbox"/> 3. No Workers Present	
Traffic Control Device C4	Roadway Surface Condition C7	Work Zone Location C15	
<input checked="" type="checkbox"/> 1. Yes – Working <input type="checkbox"/> 2. Yes – Working and Obscured <input type="checkbox"/> 3. Yes – Not Working <input type="checkbox"/> 4. Yes – Not Working and Obscured <input type="checkbox"/> 5. Yes – Missing <input type="checkbox"/> 6. No Traffic Control Device Present	<input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snowy <input type="checkbox"/> 4. Icy <input type="checkbox"/> 5. Muddy <input type="checkbox"/> 6. Oil/Other Fluids <input type="checkbox"/> 7. Other <input type="checkbox"/> 8. Natural Debris <input type="checkbox"/> 9. Water (Standing, Moving) <input type="checkbox"/> 10. Slush <input type="checkbox"/> 11. Sand, Dirt, Gravel	<input type="checkbox"/> 1. Advance Warning Area <input type="checkbox"/> 2. Transition Area <input type="checkbox"/> 3. Activity Area <input type="checkbox"/> 4. Termination Area	
Roadway Surface Type C8	Relation to Roadway C11	Work Zone Type C16	
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> 2. Blacktop, Asphalt, Bituminous <input type="checkbox"/> 3. Brick or Block <input type="checkbox"/> 4. Slag, Gravel, Stone <input type="checkbox"/> 5. Dirt <input type="checkbox"/> 6. Other	Interchange Area: <input type="checkbox"/> 8. Non-Intersection <input type="checkbox"/> 9. Within Intersection <input checked="" type="checkbox"/> 10. Intersection-Related - Within 150' <input type="checkbox"/> 11. Intersection-Related - Outside 150'	<input type="checkbox"/> 1. Lane Closure <input type="checkbox"/> 2. Lane Shift/Crossover <input type="checkbox"/> 3. Work on Shoulder or Median <input type="checkbox"/> 4. Intermittent or Moving Work <input type="checkbox"/> 5. Other	
Roadway Surface Condition C7	Intersection Area: C11	School Zone C17	
<input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snowy <input type="checkbox"/> 4. Icy <input type="checkbox"/> 5. Muddy <input type="checkbox"/> 6. Oil/Other Fluids <input type="checkbox"/> 7. Other <input type="checkbox"/> 8. Natural Debris <input type="checkbox"/> 9. Water (Standing, Moving) <input type="checkbox"/> 10. Slush <input type="checkbox"/> 11. Sand, Dirt, Gravel	Other Location: <input type="checkbox"/> 12. Crossover Related <input type="checkbox"/> 13. Driveway, Alley-Access - Related <input type="checkbox"/> 14. Railway Grade Crossing <input type="checkbox"/> 15. Other Crossing (Crossings for Bikes, School, etc.)	<input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. Yes - With School Activity <input type="checkbox"/> 3. No	
Roadway Surface Type C8	Type of Collision C18		
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> 2. Blacktop, Asphalt, Bituminous <input type="checkbox"/> 3. Brick or Block <input type="checkbox"/> 4. Slag, Gravel, Stone <input type="checkbox"/> 5. Dirt <input type="checkbox"/> 6. Other	<input type="checkbox"/> 1. Rear End <input type="checkbox"/> 2. Angle <input type="checkbox"/> 3. Head On <input checked="" type="checkbox"/> 4. Sideswipe – Same Direction <input type="checkbox"/> 5. Sideswipe – Opposite Direction <input type="checkbox"/> 6. Fixed Object in Road <input type="checkbox"/> 7. Train <input type="checkbox"/> 8. Non-Collision <input type="checkbox"/> 9. Fixed Object – Off Road <input type="checkbox"/> 10. Deer <input type="checkbox"/> 11. Other Animal <input type="checkbox"/> 12. Pedestrian <input type="checkbox"/> 13. Bicyclist <input type="checkbox"/> 14. Motorcyclist <input type="checkbox"/> 15. Backed Into <input type="checkbox"/> 16. Other		



Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

CASE ACCIDENT OTHER: _____

Case #: 2017-10260040

STATEMENT:

I was across the street when I heard a smash and screeching of tires. Then I saw the white jeep lose control and crash in to the house.

Cont'd On Page 2?

YES NO

Date 16/06/17 Reporting Officer (Print)
K. Ames

Officer Signature / Admin No.

K. Ames 1613



Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

CASE ACCIDENT OTHER: _____

Case #: 2017-10260040

STATEMENT:

I was stopped at a light at Wakefield and Old Dominion. A white jeep was heading eastbound, several, crossed the median and hit a binkley at 9603 Old Dominion Dr.

Cont'd On Page 2?

YES NO

Date

10/26/17 K. Amo

Reporting Officer (Print)

Officer Signature / Admin No.

K. Amo 1013



Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

CASE ACCIDENT OTHER: _____

Case #: 2017-10260046

STATEMENT:

Traffic was at a stop at the red light of Wakefield st and Lee Highway. The white jeep was driving in the right lane. veered off into the left lane hitting the stopped BMW driving over top of the front hood. Crossed two lanes of oncoming traffic. crashing sideways into the houses garage across the street.

Con't On Page 2?

YES NO

Date 10/26/17 Reporting Officer (Print) K Amcs

Officer Signature / Admin No.

K Amcs 1613



**Arlington County Police Department
STATEMENT FORM**

REPORT TYPE:

CASE ACCIDENT OTHER: _____

Case #: 2017-10260040

STATEMENT:

I was driving on the highway. I
chopped on a park at a bus stop
and thought twice and then the
next thing I realized was that
my truck was sitting on the
side

Con't On Page 27

YES NO

Date

10/26/17 K. Ames

Officer Signature / Admin No.

K. Ames 1013



Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

CASE ACCIDENT OTHER: _____

Case #: 2013-10260046

[Redacted area]

STATEMENT:

Tonight I was traveling N. on Lee Hwy. He plowed
into me in my driveway.

Cont'd On Page 2?

YES NO

Date
10/26/13

Reporting Officer (Print)

K. Ame

Officer Signature / Admin No.

K. Ame 1013